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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

| STATEMENT OF ORGANIZATION FO | ORM FOR CANDIDATE COMMITTEES |
|--|---|
| 1. Committee ID #: | 10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election |
| 2. Type of Filing: | and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be |
| Original | automatically lost if the committee exceeds the \$1,000 threshold. |
| Amendment to Items: Eff. Date: | 11 Name and Address of Depositories or Intended Depositories |
| 3. Full Name of Committee (must include Candidate's first and last name): Committee to Elect | of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) |
| 49. Candidate Full Name (Last, First, M.I.): | Association) a. Official Depository b. Secondary Depository |
| LOUZON, LARRY A. | |
| 4b. Political Party (if applicable): | |
| Republican 4c. County of Residence: | 10 P D |
| MACOMO | b. Secondary Dapository |
| 4d. Office Sought (Check one): | Grand Grand |
| Governor LL Governor State Senator | 9m2 - |
| State Rep. Sec. of State Attorney Gen. | ZÃ |
| State Bd. of Ed. UolM Reg. MSU Trustee | 12. This item applies only to Gubernatorial Candidate |
| WSU Gov. Supreme Court Appeals Court | Committees: Check if this committee intends to seek qualifying |
| Circuit Court District Court Probate Court | contributions or make qualifying expenditures. |
| Municipal Court | 13. ELECTRONIC FILING: This item applies to committees that file |
| Local or other please specify: County Comm (Some) 4e. District/Circuit # or Jurisdiction: 1 (owc) | with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office. |
| 5. Date Committee was Formed: 6-7-06 | The Campaign Finance Act requires any committee that files |
| 6a. Committee Phone #: 586-759-3/65 | with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 |
| 6b. Committee Fax #: | in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement. |
| 6c. Committee E-mail Address: LLouzana ADL. Com | Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically. |
| 7a. Complete Comm. Mailing Address (May be PO Box): | excess of \$20,000 and is required to the electronically. |
| 21417 SYRACUSE WARREN MI 48091 | Committee did not spend or receive or does not expect to spend |
| WARREN MI 48091 | or receive in excess of \$20,000 and would like to file electronically voluntarity. |
| 7b. Complete Comm. Street Address (May лоf be PC Box): | 14. Verification: I/We certify that all reasonable diligence was used |
| 21417 SYRACUSE | in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or |
| 21417 SYRACUSE WARREN MI 48091 | belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and |
| B. Treasurer Name and Complete Address: | completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the |
| LARRY A. Louzar | preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and |
| 21417 SYMMOUSE WAYREN MI 48091 | complete to the best of my/our knowledge or belief. (Sign Name |
| WARREN MI 48091 | and Date) |
| Phone #: 586 - 759-3/ | Candidate: 6-7-06 |
| E-mail Address: Llou Zona ADL. Com | 6 1 00 |
| 9. Designated Record Keepar Name and Complete Address: | Current Treasurer: |
| SAME AS Above | 17 A. la 6-7-06 |
| | Designated Record Keeper (Required only if filing electronically): |
| Phone #: | |
| E-mail Address: | |